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STATE OF NEW HAMPSHIRE

RSA 293-A:5.02

STATEMENT OF CHANGE OF REGISTERED OFFICE  
OR REGISTERED AGENT, OR BOTH, BY CORPORATION

Filed  
Date Filed: 03/16/2006  
Effective Date: 03/16/2006  
Business ID: 241406  
William M. Gardner  
Secretary of State

TO THE SECRETARY OF STATE OF THE STATE OF NEW HAMPSHIRE

PURSUANT TO THE PROVISIONS OF THE NEW HAMPSHIRE BUSINESS CORPORATION ACT, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF NH SUBMITS THE FOLLOWING STATEMENT FOR THE PURPOSE OF CHANGING ITS REGISTERED OFFICE OR ITS REGISTERED AGENT, OR BOTH, IN THE STATE OF NEW HAMPSHIRE:

FIRST: The name of the corporation is:  
Shaheen & Gordon, P.A.

SECOND: The name of its registered agent is recorded as:  
Daniel M. Cappiello

THIRD: The street address, town/city of its registered office is recorded as:  
140 Washington Street, 2nd Floor, Dover, NH 03820

FOURTH: The name of its new registered agent is (Note 1):  
D. Michael Noonan

FIFTH: The street address, town/city of its new registered office is (Note 1):  
140 Washington Street, 2nd Floor, Dover, NH 03820

SIXTH: The street address, town/city of its registered office and the address of the business office of its registered agent, as changed, will be identical.

SEVENTH: (Print Name) D. Michael Noonan hereby consents to serve as registered agent for this corporation. (Note 2)

D. Michael Noonan (Note 2)  
Signature of new agent

Dated March 14, 2006  
Shaheen & Gordon, P.A. (Note 3)

By D. Michael Noonan (Note 4)  
Signature of its Director

D. Michael Noonan

Print or type name

- Notes:
1. Refer to law on reverse side. (If a post office box is given, the physical location must also be given.)
  2. If a Foreign Corporation, the seventh statement must be completed and signed by new agent or a letter of consent signed by new agent must be submitted with this form.
  3. Exact corporate name of corporation making the statement.
  4. Signature and title of officer; or
- State of New Hampshire  
Form 9 - Statement of Change of Register 1 Page(s)
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Mail fee with DATED AN  
of State, 107 North Ma:



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on, Department